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## CREDIT APPLICATION

OFFICE USE ONLY

\_\_\_\_\_

\_\_\_\_\_

Company Information		
Legal Company Name		
Trade Name / Doing Business As (DBA)		
Billing Address	Street Address	
City/State/Zip/Province	City/State/Zip/Province	
Web Address	Purchasing Contact	
Phone	Purchasing Phone	
Fax	Purchasing Fax	
Fed ID#	Purchasing E-mail	
State Tax Resale (Exemption) #	Year Co. Started	Year at Present Location
Primary Product Group or Service		

Annual Sales Volume	Number of Locations	Number of Employees	Type of Business
Less than \$100,000	1	1 – 5	Wholesale
\$100,000 to \$500,000	2 – 5	6 – 25	Retail
\$500,000 to \$5 million	6 – 25	26 – 75	Mail Order
\$5 million to \$25 million	26 – 50	76 – 250	Internet
\$25 million to \$100 million	51 – 100	251 – 500	Occupational Use
Over \$100 million	Over 100	Over 500	Other:

### SIGNATURE & AUTHORIZATION

The information provided on this document is warranted to be true and correct to the best of my/our knowledge and belief. I/we hereby authorize Dynamic 21<sup>st</sup> Enterprises (DBA: SMI) to investigate the information provided, as well as publicly available credit profiles pertaining to my/our credit and financial responsibility. As part of doing business with Dynamic 21<sup>st</sup> Enterprises (DBA: SMI), I/we agree to the following terms and conditions:

1. Payment will be made in full according to the invoice terms and conditions except when otherwise specified in writing by Dynamic 21<sup>st</sup> Enterprises (DBA: SMI).
2. Payment will be made for reasonable costs and expenses incurred in the collection of any obligation. These include attorney, court, and collection agency fees.
3. Jurisdiction for all disputes is reserved to Washington County, State of Oregon.
4. Failure to pay on time will result in a service charge of 1 ½% per month on all past-due amounts.

**Authorization Signature:** \_\_\_\_\_  
 (Owner / Officer or Authorized Agent)

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return a copy of your State tax resale certificate with your signed Credit Application.  
 SMI appreciates your business. Thank you.**

**If submitting your company's prepared credit reference sheet, please include it with a signed copy of this form. Please be sure all information requested below is included.**

Amount of Credit Desired		Type of Terms Desired	Type of Ownership
\$1000	\$10,000 to \$15,000	Open Terms	Sole Proprietorship
\$2,500	\$15,001 to \$20,000	COD	Limited Partnership
\$5,000	\$20,001 to \$30,000	Prepaid	Limited Liability Company
\$7,500	Over \$30,000		Corporation

### Accounts Payable

A/P Contact	Fax
Phone	E-mail

### Bank Reference

Bank Name	Checking Acct#
Bank Contact	Savings Acct#
Bank Phone	Line of Credit#
Bank Fax**	**To expedite credit approval, please include fax number

### Trade References

Company	Contact	Phone	Fax**	Account #
1.				
2.				
3.				
4.				

\*\*To expedite credit approval, please include fax number

### Principal Information

Owner / Officer (1)	Owner / Officer (2)
Name	Name
Title	Title
Street Address	Street Address
City/State/Zip/Province	City/State/Zip/Province
Phone	Phone
Social Security No.	Social Security No.
Ever File Bankruptcy?	If Yes, Date:

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